Register Online with the Family Care Safety Registry

The Family Care Safety Registry (FCSR) helps protect seniors, children, and the disabled by conducting background screenings on long term care workers, child care workers, and personal care workers. If you are an employee or a job applicant in one of these fields, you must register with the FCSR before background screenings can be requested. Registering with the FCSR means you will provide personal information and agree to background screenings for employment purposes as defined in <u>state law</u>. There is a one-time registration fee of \$14.00.

Submitting your registration online is faster than the mail. Instead of the cost of a stamp, a \$1.25 processing charge will be added to your fee.

To register online you will need:

- Internet access
- Your Social Security number
- Your email address
- A credit card or debit card

The online system works best with <u>Internet Explorer</u>.

NOTE

You may be asked to supply a copy of your Social Security card or other verification document after the FCSR receives your registration information.

The web address to access the FCSR Background Screening and Employment Eligibility System (BSEES) for online registration can be found at the end of this document.



From the FCSR-BSEES homepage, click the **Registration** button to begin.

From the submenu, click

Register Online.



Read the Welcome to Registration Information. When ready, click the tab for **Is A Person Registered** to continue.



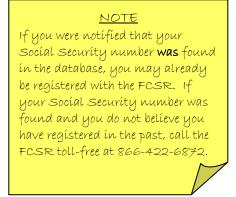
NOTE
You will see a Messages
section on each page.
Informational messages
will be in black text.
Error messages will be
red.

Enter your Social Security number in the appropriate fields on the **Is A Person Registered** screen. Enter the security text/number shown on your screen. Click the **Search** button.



You should be notified that your Social Security number was not found in the database.





Click the **Continue** button.

Either enter an **Employer Name** (current or potential) *or* make a selection from **Select if No Employer**.



To enter an employer name, set your search criteria to either **Begins With** or **Contains**. Begin typing part of the employer name. As you type, a drop down list may appear. You may select an employer name from the drop down list *or* you can use what you've typed thus far.

Click the **Search** button.

After clicking the Search button, you should receive a list of one or more employer names from our database. If the correct employer is shown, click to checkmark the box by the employer name.



If the employer is not found in the database, or if you have another reason for registering, make the appropriate selection from the **Select if No Employer** field.

Adoptive Parent

Employer Not Listed

Home Child Care Provider

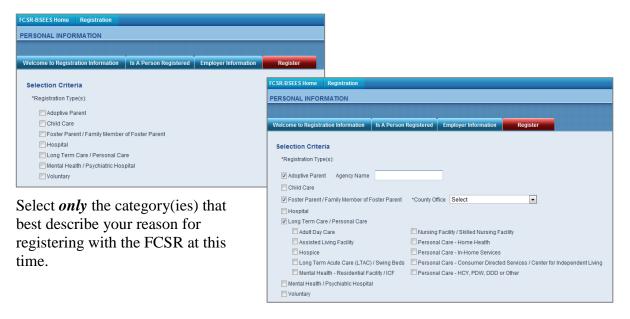
Private Pay / Private Duty
Student
Volunteer
Other

Foster Parent / Family Member of Foster Parent

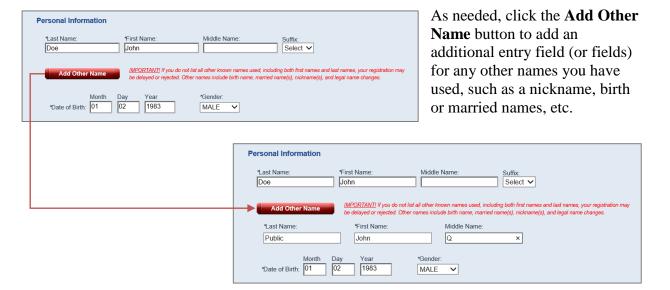
After you have made a selection for either the Employer Name or the Select if No Employer field (or both if applicable), click the **Continue** button.

If you are registering with the FCSR so you can be screened as an adoptive parent, please search for the adoption agency in the Employer Name field **and** choose Adoptive Parent from the Select if No Employer field.

Now enter your personal information. First, select one or more **Registration Type(s)** by clicking to checkmark the appropriate box(es). Depending on what you select, subcategories may be opened for additional selections.



Next, enter your personal information.



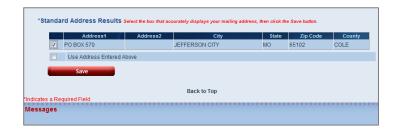
Finally, enter your contact information.



Click the **Continue** button after all required information is entered.

Click to checkmark the box by the address line that best reflects your address. You must make one selection. Select **Use Address Entered Above** if the standard address result provided does <u>not</u> reflect your mailing address.

Click the Save button.



After you enter an email address, you are asked to confirm it is an email address where you can receive your personal copy of FCSR notifications. The email address should belong to you, not to your employer or another staff member.

Click **Yes** if the email address entered is one you access.

Click **No** to change the email address in your Contact Information now.



Confirm that all information entered is correct.



Click the **Edit** button if there is an error.

Click the **Continue** button if your information is entered correctly.

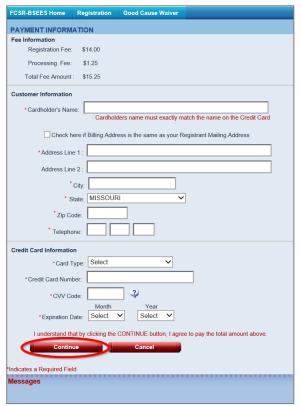
Carefully read the Registration Agreement.



If you agree to the statement, click the **Agree** button.

Clicking the **Exit** button will terminate your registration attempt and all information entered will be deleted.

Enter your payment information.



Click the **Continue** button after entering all required information.

Clicking the **Cancel** button will terminate your registration attempt and all information will be deleted.

Confirm the payment information was entered correctly.



Click the **Edit** button to re-enter payment information if needed.

Click the **Continue** button to finish your submission and receive a transaction confirmation.



You should receive a Transaction Successful notification. It may contain an information summary which can be printed now. Click the **Continue** button for a printer-friendly confirmation of registration submission and payment information to the FCSR.

<u>NOTE</u> If your transaction was declined or failed, you may start over and submit again.

Your printer-friendly confirmation of registration submission and payment information will open in a new window. Print the notification using the Adobe Acrobat Reader print button.



NOTE The printer-friendly confirmation requires: The free Adobe Acrobat Reader software, Version 9 or higher Pop-up blocker settings be modified to allow pop-ups from *.dhss.mo.gov

Go to https://healthapps.dhss.mo.gov/BSEES/Main.aspx to submit your FCSR registration online.

What happens next? FCSR staff will review your registration information and contact you with any questions. After the registration is processed, FCSR will complete an introductory screening and send the results attached to an <u>encrypted email</u>. Eligible employers can request your background information at no charge. You will be notified anytime your background information is provided. Keep your contact information up to date to ensure you receive these notifications. Inform the FCSR of any name changes as well as contact information changes.

Missouri Department of Health and Senior Services Family Care Safety Registry PO Box 570 Jefferson City, MO 65102 Toll-free: (866) 422-6872

Fax: (573) 522-6981 www.health.mo.gov/safety/fcsr

